Pierce

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

ConocoPhillips Corporation

520 East D Street

520 East D Street

Tacoma, WA 98421

Tacoma Terminal South

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

WA0003387 **PERMIT NUMBER**

001 **DISCHARGE NUMBER**

(17-19)

Submit Monthly

NOTE: Read instructions before completing this form.

NO	DISHCARGE
----	------------------

	MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	МО	DAY			
FR OM			01	TO						
•	(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)			

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR C (46-53)	ONCENTRATIO (54-61)	N	NO. EX.	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow	SAMPLE MEASUREMENT										
1 10W	PERMIT REQUIREMENT		Report	gpd					N/A	Continuous	Metered
	SAMPLE MEASUREMENT										
pH	PERMIT REQUIREMENT				6		9	s.u.	0	01/01	Grab
TSS	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					30	45	mg/L	0	01/30	Grab
O & G, no visible sheen	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0	0 = No 1 = Yes	0	01/01	Visual
O & G	SAMPLE MEASUREMENT										
Oag	PERMIT REQUIREMENT					10	15	mg/L	0	01/30	Grab
TPH - G	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.0	mg/L	0	01/30	Grab
TDU D	SAMPLE MEASUREMENT										
TPH – D	PERMIT REQUIREMENT						10.0	mg/L	0	01/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER PREP, DESIG EVALU PERSG GATH	ARED UNDER MY DIRECTIONED TO ASSURE THAT JATED THE INFORMATION SONS WHO MANAGE THE SYSERING INFORMATION, THE IN	W THAT THIS DOCUMENT AN N OR SUPERVISION IN ACC QUALIFIED PERSONNEL P UBMITTED. BASED ON MY INSTEM OR THOSE PERSONS DIFORMATION SUBMITTED IS,	CORDANCE WITH ROPERLY GATH NQUIRY OF THE IRECTLY RESPO TO THE BEST OF	I A SYSTEM HERED AND PERSON OR NSIBLE FOR MY			TELEPHONI	■	DAT	E
	ARE S	SIGNIFICANT PENALTIES FO BILITY OF FINE AND IMPRISO	ACCURATE, AND COMPLETE OR SUBMITTING FALSE INFO DIMENT FOR KNOWING VIOL	ORMATION, INCI ATIONS. SEE 18	LUDING THE USC §						
TYPED OR PRINTED			TIES UNDER THESE STATUES RISONMENT OF BETWEEN SIX			IATURE OF PRINCIPAL FFICER OR AUTHORIZE			BER	YEAR MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

Pierce

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

ConocoPhillips Corporation

520 East D Street

520 East D Street

Tacoma, WA 98421

Tacoma Terminal South

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(2-10)
WA0003387

PERMIT NUMBER

001 **DISCHARGE NUMBER**

(17-19)

Submit N	Monthly
----------	---------

NOTE: Read instructions before completing this form.

		N	IONITO	RING	PERIO	D	
	YEAR	МО	DAY		YEAR	МО	DAY
FR OM			01	TO			
	(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)

NO DISHCARGE

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	ADING	(4 Card On (38-45	• /	ONCENTRA (54-			NO. EX.	FREQUENC OF		SAMPLE TYPE
(32-37)		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUN DAILY	AVERAGE MONTHLY	MAXIMU DAILY	IIIN	TS	(62-63)	(64-68)	TY (69 D Gi O Gi O Gi O Gi	(69-70)
Benzene	SAMPLE MEASUREMENT												
Delizelle	PERMIT REQUIREMENT						40	μg	/L	0	01/30		Grab
Ethylbenzene	SAMPLE MEASUREMENT												
Luiyiberizerie	PERMIT REQUIREMENT						100	μg	/L	0	01/30		Grab
втех	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT						Repoi	t µg	/L	N/A	01/30		Grab
*Connor dissolved	SAMPLE MEASUREMENT												
*Copper, dissolved	PERMIT REQUIREMENT						Repoi	t µg	/L	N/A	01/30		Grab
*Copper, total	SAMPLE MEASUREMENT												
recoverable	PERMIT REQUIREMENT						Repor	t µg	/L	N/A	01/30		Grab
	SAMPLE MEASUREMENT												
*Lead, dissolved	PERMIT REQUIREMENT						Repoi	t µg	/L	N/A	01/30		Grab
NAME/TITLE PRINCIPAL EXECUTIVE	PRE DES EVA PER GAT	PARED UNDER MY DIRECT IGNED TO ASSURE THAT LUATED THE INFORMATION SONS WHO MANAGE THE S' HERING INFORMATION, THE	AW THAT THIS DOCUMENT A ION OR SUPERVISION IN AC QUALIFIED PERSONNEL SUBMITTED. BASED ON MY YSTEM OR THOSE PERSONS INFORMATION SUBMITTED IS	CORDANCE WITH PROPERLY GATH INQUIRY OF THE DIRECTLY RESPO , TO THE BEST OF	H A SYSTEM HERED AND PERSON OR DISIBLE FOR HMY			TE	LEPHON	IE		DATE	
	ARE	SIGNIFICANT PENALTIES	E, ACCURATE, AND COMPLET FOR SUBMITTING FALSE INI SONMENT FOR KNOWING VIO	FORMATION, INCI	LUDING THE								
TYPED OR PRINTED	100	AND 33 USC § 1319. (PENA	LTIES UNDER THESE STATUE PRISONMENT OF BETWEEN SI	S MAY INCLUDE	FINES UP TO S	IGNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		AREA CODE	NUN	MBER	YEAR	МО	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

^{*}Beginning with permit effective date or first month after installation of effluent filters, for 12 consecutive months, both dissolved and total recoverable fractions of final effluent shall be tested and reported.

Pierce

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

ConocoPhillips Corporation

520 East D Street

520 East D Street

Tacoma, WA 98421

Tacoma Terminal South

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

Su	hm	۱it	M	٦n	th	I١
ъu	иII	Hι	IVI	ווע	uı	ľ

(2-16)

(17-19)

WA0003387 PERMIT NUMBER

001 **DISCHARGE NUMBER**

NOTE: Read instructions before completing this form.

NO DISHCARGE

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	MO	DAY					
FR OM			01	ТО								
,	(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)					

PARAMETER		(3 Card Only) (46-53)	QUANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR C (46-53)	ONCENTRA (54-			NO. EX.	FREQUENCY OF		AMPLE TYPE
(32-37)		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY		JNITS	(62-63)	ANALYSIS (64-68)	((69-70)
*Lead, total	SAMPLE MEASUREMENT												
recoverable	PERMIT REQUIREMENT						Repor	t I	µg/L	N/A	01/30	(Grab
*Zinc, dissolved	SAMPLE MEASUREMENT												
Ziric, dissolved	PERMIT REQUIREMENT						Repor	t I	μg/L	N/A	01/30	(Grab
*Zina total	SAMPLE MEASUREMENT												
*Zinc, total recoverable	PERMIT REQUIREMENT	_					Repor	t I	µg/L	N/A	01/30		Grab
												-	
		-											
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER PREDES	TRIFY UNDER PENALTY OF LA PARED UNDER MY DIRECTIC IGNED TO ASSURE THAT LUATED THE INFORMATION S SONS WHO MANAGE THE SY THERING INFORMATION, THE IN	ON OR SUPERVISION IN ACC QUALIFIED PERSONNEL P SUBMITTED. BASED ON MY I STEM OR THOSE PERSONS I NFORMATION SUBMITTED IS,	CORDANCE WITH PROPERLY GATH INQUIRY OF THE PORCEUTE TO THE BEST OF	A SYSTEM ERED AND PERSON OR ISIBLE FOR MY				TELEPHO	DNE		DATE	
	ARE POS	OWLEDGE AND BELIEF, TRUE, SIGNIFICANT PENALTIES FO SIBILITY OF FINE AND IMPRISO	OR SUBMITTING FALSE INF ONMENT FOR KNOWING VIOL	ORMATION, INCL ATIONS. SEE 18 U	UDING THE JSC §								
TYPED OR PRINTED	100° \$10,	I AND 33 USC § 1319. (PENAL 000.00 AND OR MAXIMUM IMPI	TIES UNDER THESE STATUE: RISONMENT OF BETWEEN SIX	S MAY INCLUDE F (MONTHS AND FI		ATURE OF PRINCIPAL FICER OR AUTHORIZE		AREA CODE	N	JMBER	YEAR	МО	DAY

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

ConocoPhillips Corporation

520 East D Street

520 East D Street

Pierce

Tacoma, WA 98421

Tacoma Terminal South

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

WA0003387

PERMIT NUMBER

002 - In Tank **Hydrotest Wastewater**

DISCHARGE NUMBER

(17-19)

Submit Monthly

NOTE: Read instructions before completing this form.

	MONITORING PERIOD										
	YEAR	MO DAY			YEAR MO		DAY				
FR OM			01	TO							
	(20-21)	(22-23)	(24-25)	-	(26-27)	(28-29)	(30-31)				

			(20-21)	, ,	(24-25)	(26-27) (28-2					
PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)		(4 Card Only (38-45)	• /			NO. EX.	FREQUENCY OF	SAMPLE TYPE	
(32-37)		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY	M UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Copper, dissolved	SAMPLE MEASUREMENT										
Copper, dissolved	PERMIT REQUIREMENT						Repor	t μg/L	N/A	1/Batch	Grab
Copper, total	SAMPLE MEASUREMENT										
recoverable	PERMIT REQUIREMENT						Repor	t μg/L	N/A	1/Batch	Grab
Load dissolved	SAMPLE MEASUREMENT										
Lead, dissolved	PERMIT REQUIREMENT						Repor	t μg/L	N/A	1/Batch	Grab
Lead, total	SAMPLE MEASUREMENT										
recoverable	PERMIT REQUIREMENT						Repor	t μg/L	N/A	1/Batch	Grab
	SAMPLE MEASUREMENT										
Zinc, dissolved	PERMIT REQUIREMENT						Repor	t μg/L	N/A	1/Batch	Grab
Zina total	SAMPLE MEASUREMENT										
Zinc, total recoverable	PERMIT REQUIREMENT						Repor	t μg/L	N/A	1/Batch	Grab
PREIDEN PRINCIPAL EXECUTIVE OFFICER PREIDESI EVAI PER: GATI		TIFY UNDER PENALTY OF LA PARED UNDER MY DIRECTIC SNED TO ASSURE THAT UATED THE INFORMATION S ONS WHO MANAGE THE SY BERING INFORMATION, THE II WLEDGE AND BELIEF, TRUE,	ON OR SUPERVISION IN AC QUALIFIED PERSONNEL SUBMITTED. BASED ON MY STEM OR THOSE PERSONS NFORMATION SUBMITTED IS , ACCURATE, AND COMPLET	CORDANCE WITH PROPERLY GATH INQUIRY OF THE DIRECTLY RESPO , TO THE BEST OF TE. I AM AWARE	A SYSTEM JERED AND PERSON OR NSIBLE FOR MY THAT THERE			TELEPI	HONE	D	ATE
POSS TYPED OR REINTED 1001		E SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE SSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USE 3 11 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 1,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)			USC §	SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			NUMBER	YEAR I	10 DAY
COMMENT AND EXPLANATION OF A						UFFICER UK AUTHURIZE	DAGENI	CODE		1 1	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)